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MN023601. Terrorism Refocuses Attention on Force Health Protection
By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service
WASHINGTON, DC - The terrorist attacks of Sept. 11 last year and events since have made DoD leaders pay closer attention to force health protection measures.

Service medical experts are placing greater emphasis on recognizing symptoms of, and are refreshing treatment plans for, exposure to chemical and biological agents, Defense Secretary Donald Rumsfeld said in his annual report to the President and the Congress.

The report says DoD and the Department of Health and Human Services have put together a high-level working group to focus on improving defenses against chemical and biological terrorism.

Caring for Reservists and National Guardsmen called to active duty has placed an added burden on the military health system. The report explains the more than 60,000 reserve-component service members called to active duty since Sept. 11 are eligible for the same medical and dental benefits as their active duty counterparts.

In addition, family members of Guard and Reserve members activated for more than 30 days are eligible for full benefits under TRICARE.

The report mentions a new contracting structure TRICARE is developing. The new contracts, scheduled to take effect in spring 2003, "have greater financial predictability, are less cumbersome, create more competition and reduce administrative costs."

The report states high-quality, convenient, affordable healthcare is part of the compact between the American public and the military.

There is broad support for several new initiatives enacted during 2002, according to the report. These initiatives include TRICARE for Life, which makes TRICARE a second-payer to Medicare for military retirees and their family members who are over age 65, and elimination of co-payments for TRICARE services for family members of active duty members.

Paying for these improvements might not be easy. "An increased percentage of the Department of Defense budget will be expended on these health care initiatives," the report states. The department will have to look to new approaches of providing care to stabilize these costs.

"Today's security environment, both at home and abroad, demands that the United States maintain the best trained and most highly prepared military force in the world," the reports says. Quality health care is one area that contributes to the nation's success in managing an all-volunteer military, the report maintains.

The entire annual report </execsec/adr2002/toc2002.htm> is available in HTML and .pdf versions at www.defenselink.mil/execsec/adr2002/toc2002.htm.

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MN023602. Dr. Winkenwerder: "Major Changes in Health Professions Incentives Pay"

WASHINGTON, DC - On many of my visits to your facilities and commands I have heard your concerns regarding the ability to retain top-notch health professionals in some specialties. Your colleagues on my staff share your concerns and I have taken a first step to help foster improved retention of our people. We will pay new incentives in 2002 to certain health professionals under the Critical Skills Retention Bonus (CSRB) program and increase some physician incentive pays for Fiscal Year 2003, effective Oct. 1, 2002.

The plan we have developed will pay designated health professionals with "critical skills" targeted specialty bonuses of \$8,000 to \$50,000 in exchange for a commitment to remain on active duty for one year. The issue of attracting and retaining an appropriate number of qualified uniformed health care professionals is paramount to the success of the department's dual health care mission.

Our health care system provides care not only to the war-fighter, both in preparation for and during conflict, but also takes care of their families and those servicemembers who retire. Finding the optimum mix of military and civilian, enlisted and officer, contract and in-house providers is our ultimate goal. This process takes time, and we have used CSRB to address the immediate problem areas. We will, in time, be addressing other specialties and making more permanent changes to those covered this year under CSRB.

Radiologists, anesthesiologists, surgeons, and other specific physician specialties, plus dentists and certain nurse specialties are eligible to apply for CSRB bonuses under this plan.

Eligibility for the CSRB is targeted to those professional communities with severe current or threatened personnel shortages and very large pay gaps that cannot be addressed solely through Multi-year Special Pay (MSP) or Dental Officer Multi-year Retention Bonuses (DOMRB).

According to a February 2001 report from the Center for Naval Analyses (CNA), these pay gaps average 51 percent for physician specialties included in this plan, and 40 percent for dentists.

It is important to note, however, that we do not intend the extension of the CSRB program to health professionals as a permanent solution to the personnel shortage, but rather as a bridge to improve retention in these critical skills while we continue to work on changes to the department's overall incentives program.

The use of the CSRB is meant to boost your faith in the system and let you know that the department is serious about addressing retention issues.

Additionally, we gained Department approval in the FY 03 annual physician pay plan for the increase of all physician specialty MSP rates to the maximum annual amount allowed by statute - \$14,000 per year. This maximum is available to individuals meeting eligibility requirements. One important difference between the physician MSP and the new CSRB program is that some individuals who are not yet eligible for MSP will be able to take CSRB - as long as they meet the qualifications outlined in the policy.

The military health system represents the highest quality health care provided anywhere in the world. It should be a source of pride for all health professionals to belong to this very large, very complex system. As your leader, I want you to know that I recognize the pay differentials and while we may never close the gap with the private sector, I am committed to finding the means to retain you and those who follow you in service to the men and women serving this nation.

- Dr. Bill Winkenwerder, Assistant Secretary of Defense for Health Affairs.

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MN023603. Some Sailors, Marines Get Vision-Correcting Surgery
By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON, DC - Some active-duty Sailors and Marines are getting a special benefit to help them shed their spectacles and see better while they work, which could give them a readiness edge.

Vision-correcting Photorefractive keratectomy (PRK) and laser in-situ keratomileusis (LASIK) is now being offered at three Navy military treatment facilities, with additional facilities getting the capability next year.

While the surgeries have definite quality-of-life implications, Navy Medicine decided to offer it to active duty military members for readiness reasons.

"These procedures give us an opportunity to improve vision readiness for our personnel," said Cmdr. Kerry Hunt, Medical Corps, specialty leader for ophthalmology. "After the surgery, the member doesn't have to worry about the old problems of dirty lenses (on contacts and glasses), fogging or special inserts in gas masks."

PRK and LASIK are corneal refractive procedures, which means they change the shape of the cornea to correct vision flaws. The surgeries can help those with myopia, or near sightedness; hyperopia, or far sightedness; and some types of astigmatism.

LASIK generally offers a decreased recovery time and less discomfort, however it is technically more demanding to perform. The visual improvement remains stable over time for most people with both procedures.

Hunt cautioned that, as with any medical procedure, there can be side effects and complications associated with the surgery, including decreased night vision, glare sensitivity or worsening of the best pre-operation vision due to scar formation.

"Both procedures generally have very low complication rates, so safety is very similar," said Hunt.

At this time, only active duty personnel are eligible for PRK and LASIK services at Navy MTFs. It's not likely that family members or retirees will be offered the surgeries soon, nor is it an authorized TRICARE benefit.

Since there's a high demand for the surgeries, Navy Medicine has established criteria for who can receive it. Highest priority is extended to those whose military duties require them to routinely work in extreme physical environments that precludes the safe use of glasses or contact lenses. This includes individuals working in aviation, SEALs and deployed Marines. It must also be approved by an individual's chain of command. Additional information is on the Navy Medicine website, navymedicine.med.navy.mil/PRK/refractive_surgery_information.htm

Once command approval is granted, personnel are able to place their names on the waiting list at the facility where the procedure will be performed. Wait times can vary from one month to about a year.

The vision-correcting surgeries are now being offered at National Naval Medical Centers Bethesda, Md., and Naval Medical Centers Portsmouth, Va. and San Diego. They will be offered at Naval Hospitals Bremerton, Wash.;

Jacksonville, Fla.; Camp Lejeune, N.C., and Camp Pendleton, Calif. in 2003.
To date, about 10,000 active duty Navy and Marine have had the surgery.

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MN023604. Mass Casualty Training Readied 29 Palms for Real Thing
By Dan Barber, Robert E. Bush Naval Hospital, TwentyNine Palms, Calif.
TWENTYNINE PALMS, Calif. - Continuous mass casualty training resulted in outstanding emergency care recently for some patients brought to the Robert E. Bush Naval Hospital.

Four ambulances showed up at the emergency room entrance of the hospital, carrying 11 patients who were involved in a multiple vehicle accident at the combat center on base. Injuries received ranged from head and abdominal trauma to broken bones.

The emergency medicine department staff, headed by Lt. Cmdr. Timothy Zaludek, Medical Corps, responded as they had been trained. The Family Practice Clinic's Lt. Cmdr. Rodney Pray, Medical Corps, rushed to the emergency room to triage and treat patients. Capt. Frank Arko, Medical Corps, of general surgery assisted with complex lacerations. And Lt. Cmdr. John Locke, Medical Corps, of orthopedics responded to assist with fractures. To keep patient backlog to a minimum, the Emergency Room's Lt. Rebecca Wankum, Medical Corps, came in during her off time to treat non-urgent patients. The Radiology Department also never missed a beat.

Lt. Cmdr. Mary Martin, Nurse Corps, left her usual job as organizational performance improvement coordinator to help in triaging patients, as did a multitude of corpsmen and nurses from other departments.

In commending the staff, hospital executive officer, Capt. Alan R. Rowley, Medical Corps, cited the polished team effort, efficiency and professionalism of the hospital staff. He noted that "virtually every element of the hospital supported this mass casualty."

Six of the eleven patients were admitted overnight for observation.

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MN023605. Pensacola Plays Vital Part In County Casualty Exercise

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. - Naval Hospital Pensacola joined forces with neighboring healthcare facilities to assist Pensacola and Escambia County in a mass casualty exercise last week.

The two-hour scenario began with a number of individuals attending a music concert at Pensacola Civic Center suffering from respiratory symptoms from an unknown chemical agent. Working with local hospitals and the Pensacola chapter of the American Red Cross, the naval hospital was notified they would be receiving between five and seven casualties.

The hospital team, headed by Capt. Ray Bias, Medical Corps, the acting executive officer for the command and a member of the Pensacola Naval Hospital's reserve unit, coordinated the effort from the Command Information Center (CIC). The efforts of the hospital's decontamination team, led by emergency room technician John Stephens ensured a quick response to the potential problem.

"Everyone did a great job working together to handle the emergency," Bias said to the staff personnel.

From decontaminating patients and identifying the chemical agent to delivering swift attention to victims' needs, NH Pensacola personnel again showed an acute awareness to the potential problem and stand ready to assist the Pensacola community in local disaster efforts.

It was NH Pensacola last December that gave Escambia County bio-terrorism preparedness task force members an eye-opener on how to put together an exterior decontamination unit and train teams at a relatively

low cost. At the time, the hospital was the first medical facility in the county to have a fully functional exterior decontamination unit for the use against chemical, biological and radiological contamination.

Capt. Thomas McCoy, acting commanding officer of the hospital, spoke highly of the immediacy shown by the members working in the CIC as well as personnel throughout the hospital. McCoy said the quick response time and attention given to victims impressed him.

The drill was conducted using primarily Naval Reserve personnel who are at the Naval Hospital "back-filling" for 185 members of the Fleet Hospital Pensacola unit that is in California undergoing field hospital training.

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MN023606. Navy Nurse Helps Baseball Youth Head for World Series

By LT Rod Salvador, MSC, U.S. Naval Medical Clinics, United Kingdom

GREAT BRITAIN - U.S. Navy nurse Lt. Brian Ritter, Nurse Corps, stationed at the U.S. Naval Medical Clinics, United Kingdom, helped a London area youth baseball team make it to the recent RBI (Reviving Baseball in the Inner city) World series in Chicago.

Ritter is the team's volunteer manager and is also on the coaching staff.

The London team is one of ten that made it to the world series, and the only one outside the United States. It included youths from U.S. Navy, Army and Air Force families as well as players from New Zealand, South Africa and Great Britain.

The team did well, but didn't make it to the finals.

"The team played exceptionally well, had great fun and is planning on participating again next summer," said Ritter.

Former baseball major league player John Young started RBI baseball in 1989 primarily for inner-city kids. The idea caught on and other cities formed programs. The Major League Baseball Association became affiliated with the program and launched the RBI World Series in 1993.

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MN023607. USS Haven's Korean War Service Captured by Nurse's Photos

WASHINGTON, DC - Navy nurse Nancy "Bing" Crosby was a young lieutenant junior grade when she served aboard the hospital ship USS Haven (AH-12) during wartime Korea. On duty, she treated the sick and the injured. Off duty, she spent hours snapping photos of shipboard and shore life, from 1952 to 1953.

Some 40 of her photographs, coupled with excerpts from the diary she wrote during this time, will be on display through the end of October at the Women in Military Service for America (WIMSA) Memorial in Washington, DC. Some of the photographs, tucked away in Crosby's attic for nearly 50 years, have never been seen outside her family.

A highlight of the exhibit depicts baseball great and Marine pilot Ted Williams standing in uniform, baseball glove in hand, on the deck of the hospital ship during a stay for medical treatment.

The exhibit will mark the first time Crosby's photos are displayed for the public.

Co-sponsored by WIMSA and the Bureau of Medicine and Surgery, the event will be open 8 a.m.-7 p.m. daily.

For additional information, visit the WIMSA website at www.womensmemorial.org.

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MN023608. TRICARE to Let New Contracts for Care, Support

By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, DC - TRICARE officials are looking to revamp their system of contracts to provide medical care to military members, family members and retirees in the United States.

The Defense Department released a request for proposals Aug. 1 for new managed-care contracts. Interested companies have until Nov. 1 to respond, Dr. William Winkenwerder said.

Winkenwerder is assistant secretary of defense for health affairs. He described the new contracting plan to reporters recently in his Pentagon office.

"These contracts are very important to the overall success of the TRICARE program," he said. "They are significant ... in terms of their size and in terms of dollars and in terms of just the way that we do business."

Four contractors currently handle seven separate contracts that cover the 11 TRICARE regions. Under the new contracting structure, the United States will be divided into north, south and west regions. Healthcare delivery in each region would be covered under a separate contract, Winkenwerder said.

"It will be much simplified," he said.

The current regional TRICARE contracts call for the contractors to provide all aspects of healthcare delivery, administrative services, pharmacy, marketing, and member education. Winkenwerder acknowledged this led to shortcomings in areas not directly related to patient care.

Under the new contracting proposal, separate contracts will be let to handle pharmacy services, beneficiary education, billing for Medicare-eligible beneficiaries, and retiree dental care. He said these separate contracts will make pharmacy services seamless to beneficiaries across the country.

Likewise, all beneficiaries will receive the same patient-education material regardless of location. TRICARE has received complaints that different contractors produced vastly different brochures and so forth.

"They might intend to say the same thing, but when people read it, they read something different," Winkenwerder said. "We're attempting to get the same look and feel across the whole system."

Other "carved out" contracts will deal with quality monitoring and local-support agreements. He said the new contracts will be phased in over the next few years.

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MN023609. TRICARE Europe Visits Romania

BUCHAREST, Romania - TRICARE Europe's Executive Director Navy Capt. Barbara Vernoski, Nurse Corps, and members of her staff, and Department of Veterans Affairs' Deputy Chief Financial Officer Arthur Hamerschlag visited Bucharest recently to discuss the inner workings of the U.S. Department of Defense and VA healthcare systems with their Romanian counterparts.

The exchange of knowledge is part of the "Joint Contact Team Program," one of U.S. European Command's many Peacetime Engagement efforts in Central Europe and the New Independent States.

The visit is the first such encounter between TRICARE Europe and Romanian military healthcare experts. According to the U.S. European Command, this event is one of more than 6,000 military-to-military contacts or events that the command has hosted to date.

The contacts have helped host nations address such fundamental topics as human rights guarantees for soldiers, civilian control of the military, establishment of military legal codes, and development of a professional noncommissioned officers corps.

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MN023610. HealthWatch: Heat Illnesses Can Felt the Heartiest
By Aveline V. Allen, Bureau of Medicine and Surgery

Did you know heat-related illnesses can be a year-round risk? While most people know to be cautious in the heat of the summer's mid-day sun, exercising in a hot gym, while wearing non-breathable clothing designed to produce sweat, working in a hot shipboard workspace, or even sitting too long in the sauna can also make you susceptible to heat illnesses.

"Heat strokes, heat exhaustion, and heat cramps are the three types of heat-related illnesses that you can get," said CAPT Gerard R. Cox, MC, Chief, Emergency Medicine Service, National Naval Medical Center (NNMC), Bethesda, Md.

Although Cox said he has only seen a few people at NNMC with mild forms of heat-related illness, during his medical training within inner city hospitals, he treated a higher volume of these types of illnesses.

Heat strokes are the most severe case of heat-related illness, and it is a life-threatening situation, according to the American Red Cross (ARC). Symptoms associated with heat stroke include a temperature to as high as 105 degrees; hot, red, and dry skin; a rapid, weak pulse; and rapid shallow breathing.

Because heat stroke is life-threatening, it's important to get care immediately. Call 9-1-1. Cool the victim immediately. Wrap wet sheets around the body and fan it. If you have ice packs or cold packs, wrap them in a cloth and place them on each of the victim's wrists and ankles, in the armpits and on the neck to cool the large blood vessels.

Heat exhaustion can be signaled by cool, moist, pale skin; heavy sweating; headache, nausea or vomiting and dizziness. Body temperature with heat exhaustion is near normal.

Heat cramp symptoms include muscular pain and spasms as a result of heavy exertion. The abdominal muscles and legs may be involved in this type of heat-related illness.

"Everyone should avoid heavy exertion on very hot days, said Cox. "Exertion heat stroke is the most common in young people. Also, when athletes and military personnel are training, they should not exercise in severe heat."

Prevention tips for all types of heat-related illnesses include wearing lightweight light-colored clothing, drinking plenty of water, taking regular breaks, eating small meals and eating more often, and avoiding strenuous activity in a heated environment as much as possible, according to the ARC.

For more information on heat-related illnesses go to
www.redcross.org/services/hss/tips/heat.html
<<http://www.redcross.org/services/hss/tips/heat.html>>.

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